



THE UNITED STATES PATENT AND TRADEMARK OFFICE

re U.S. Patent Application of)

ATSUMORI et al.)

Art Unit 3715

Application Number: 10/771,450)

Examiner
Carlos, Alvin Leabres

Filed: February 5, 2004)

For: TRAINING ASSISTANT SYSTEM)

Attorney Docket No. NITT.0184)

Commissioner of Patents

P.O. Box 1450

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COVER LETTER

Sir:

[x] The fee for submission of claims is calculated as shown below:

FOR	TOTAL WITH NEW CLAIMS ADDED	TOTAL CURRENTLY ON FILE	CLAIMS ALREADY PAID	RATE	CALCULATION
Total Claims	5	5	(Over 20)	x \$52	0
Independent Claims	1	1	(Over 3)	x \$220	220.00
MULTIPLE DEPENDENT CLAIM(S)				+ \$390	0
REDUCTION FOR FILING BY SMALL ENTITY (note 37 C.F.R. §§ 1.9, 1.27, 1.28).				x ½	
				TOTAL	\$220.00

In addition, the below-identified communications are submitted in the above-captioned application or proceeding:

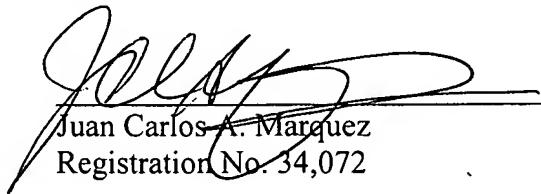
<input checked="" type="checkbox"/> Response/Amendment to Office Action (with Claim Amendments)	<input checked="" type="checkbox"/> Petition for Extension of Time for 1 month
<input type="checkbox"/> Substitute Abstract	<input type="checkbox"/> Terminal Disclaimer
<input type="checkbox"/> Priority Document	<input type="checkbox"/> Letter to Draftsperson with ___ sheets of replacement drawings
<input type="checkbox"/> Information Disclosure Statement with Form 1449 and references	<input type="checkbox"/> Request for Continued Examination
	<input type="checkbox"/> Other

Please charge my **Deposit Account Number** _____ in the amount of _____ to cover the fees for _____.

Credit card information for **\$130.00** for the 1-month extension of time fee is enclosed.

The Commissioner is hereby authorized to charge any additional fees associated with this communication, including fees under 37 C.F.R. § 1.16 and 1.17, or credit any overpayment to **Deposit Account Number 12-0555**.

Respectfully submitted,



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